

# MSFC FACILITIES SERVICES OFFICE DESIGN CHANGE REQUEST

Contract Title:	DCR Number:	Page ____ of ____
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Contractor:	Contract Number:	Date:
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Drawing Number:	Spec. Number:	Initiator/Title:	Date Needed By:
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Problem Description:

Suggested Solution:

Contractor Not to Exceed Cost Proposal: Cost: _____ Date: _____ Schedule (Days): _____ Signature (Company Rep.): _____	Government Evaluation: Cost: _____ Date: _____ Schedule (Days): _____ Signature (Evaluator): _____
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MSFC Engineering Disposition:

The Discipline engineer / Architect validates fire protection and safety office review / concurrence for configuration changes and construction work change orders, that have a potential safety impact in accordance with NPR 8715.3, requirement # 32500.

Discipline Engineer/Architect:	Date:
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Cause of Problem:   
 ☐ Design Omission/Conflict   
 ☐ Unforeseen Site Condition   
 ☐ Other

CONCURRENCE/APPROVAL - MSFC	Date	CONSTRUCTION COMPLETION	Date
COTR:		Superintendent:	
DCN#:		CMI Concurrence:	
		<b>DRAWINGS REDLINED</b>	Date
Contracting Officer:		Superintendent:	
		CMI Concurrence:	